

Wyoming DEQ Pesticide Discharge ANNUAL REPORT FORM

WYPDES Authorization Number:

Reporting Year:

Company/Facility Name:

Mailing Address:

Contact Name:

Phone Number:

Email:



Contact Person (If different from above)

Name:

Address:

Phone Number:

Email:

Preferred Contact Method: Telephone_____ Email_____

No discharge that exceeded thresholds for reporting year:

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(No further reporting required if you check box above; sign report and send in).

Completed reports are due by February 28th of the year following the reporting year.

Mail completed reports to:

WYPDES Permits Section

Department of Environmental Quality/WQD

122 West 25th Street, Herschler Building, 4W

Cheyenne, WY 82002

Total amount of each pesticide product applied for the reporting year by the common name, EPA registration number(s) and by application method (e.g. aerially fixed wing, broadcast sprayer, etc.).

Product Name:

EPA Registration Number:

Amount of Product Used:

Application Method:

Product Name:

EPA Registration Number:

Amount of Product Used:

Application Method:

Product Name:

EPA Registration Number:

Amount of Product Used:

Application Method:

Product Name:

EPA Registration Number:

Amount of Product Used:

Application Method:

(If more space is needed, complete the above information for each product on a separate sheet and attach to the annual report).

Provide description of any corrective actions taken, including spill responses and adverse incidenses, resulting from pesticide application(s) and the rationale for each action (list the water, area involved).			
Corrective Action (list date and location of pesticide application and receiving water):			
Rationale:			
Corrective Action (list date and location of pesticide application and receiving water):			
Rationale:			
(If more space is needed, include information requested above on a separate sheet of paper and attach to the annual report).			
Identify all waters or other treatment areas, including size, either by name (owner name and/or an address) or location, to which pesticides were discharged under any of the pesticide use patterns listed in the General Permit for Major Pesticide Discharges (PGP), Part I, Section 1.1.1., and that exceed thresholds for that use pattern; or are a Class 1 water of the state.			
Water Impacted/Including size (linear miles or acreage):			
Treatment Area:			
Owner Name and Address:			
Pesticide Use Pattern:			
Qtr/Qtr:	Section:	Township:	Range:
Latitude:		Longitude:	
Dates of application(s):			
Special Concerns:			
Water Impacted/Including size (linear miles or acreage):			
Treatment Area:			
Owner Name and Address:			
Pesticide Use Pattern:			
Qtr/Qtr:	Section:	Township:	Range:
Latitude:		Longitude:	
Dates of application(s):			
Special Concerns:			
(If more area is needed, photocopy this page and attach to the annual report).			

Are all Pest Control activities reported on in this annual report addressed in the P4 prior to pesticide application taking place? _____

Include copies of all of the following reports (check only if you include reported incidences for one or more treatment area; if there were no reported incidences, leave blank):

Copies of any Reported Adverse Incidents due to Pesticide discharges: ☐

Copies of Any Reported Spills or Leaks: ☐

Copies of any Unpermitted Discharge Documentation: ☐

I certify under penalty of law that this document and all attachments were prepared under my direct supervision, in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Print Name: _____

Telephone Number: _____

*Section 35-11-901 of Wyoming Statutes provides that:
Any person who knowingly makes any false statement, representation, or certification in any application ... shall upon conviction be fined not more than \$10,000 or imprisoned for not more than one year, or both.*

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